

Planning Application #: 12-017

Date Received: 4-6-12  
 Fee Paid: \$1,784  
 Receipt #: 75119



# City of Albany

## PLANNING APPLICATION FORM

Please complete the following application to initiate City review of your application. Please be aware that staff may have additional application requirements. For projects requiring Planning and Zoning Commission review, please schedule an appointment with Planning Division staff. The Community Development Department office is open to accept applications Monday, 8:30 AM to 7:00 PM, Tuesday through Thursday 8:30 AM to 5:00 PM, and Friday 8:30 AM to 12:30 PM at 1000 San Pablo Avenue, Albany, CA 94706 (510) 528-5760.

### Fee Schedule (FY 2009-2010)

<input checked="" type="checkbox"/> Design Review*	\$1,784 / Admin. \$639
<input type="checkbox"/> Parking Exceptions/Reductions - see separate handout*	\$Actual Cost/Min \$1,784
<input type="checkbox"/> Conditional Use Permit (major)*	\$Actual Cost/Min \$1,784
<input type="checkbox"/> Conditional Use Permit (minor)*	\$620
<input type="checkbox"/> Sign Permit	\$1,185/\$423 Admin.
<input type="checkbox"/> Temporary/Seasonal Conditional Use Permit*	\$300
<input type="checkbox"/> Parcel/Subdivision Map; Lot Line Adjustment; Condo Conversion*	\$Actual Cost/Min \$1,784
<input type="checkbox"/> Secondary Residential Unit*	\$455
<input type="checkbox"/> Planned Unit Development*	\$1,784
<input type="checkbox"/> Variance*	\$1,784
<input type="checkbox"/> Other(s): _____	\$ _____

\*When obtaining more than one planning approval, the full amount for the highest fee will apply and  $\frac{1}{2}$  fee will be charged for any other ones. General Plan Update Fee \$45 included in the fees above. This fee only needs to be paid once for each separately submitted application.

Job Site Address: <u>981 Ordway St Albany</u>		Zoning District:
Property Owner(s) Name: <u>Arno Warner</u>	Phone: <u>5105278446</u> Fax:	Email: <u>WARNERARNO@HOTMAIL.COM</u>
Mailing Address: <u>981 Ordway St Albany</u>	City: <u>ALBANY</u>	State/Zip: <u>94706</u>
Applicant(s) Name (contact person): <u>SAMR AS ABOUR</u>	Phone: Fax:	Email:
Mailing Address: <u>SAMR AS ABOUR</u>	City:	State/Zip:

PROJECT DESCRIPTION (Please attach plans if required) \_\_\_\_\_

REMOVE OLD GARAGE + BUILD NEW

PROJECT ADDRESS: 951 Orway St Albany CA

GENERAL INFORMATION (Please fill out this Chart or attach separate plans with information)

Item	Existing	Proposed
Lot Size? (Express in square feet)	4512 sq ft	
Gross square footage of all building area (including detached & accessory buildings, garages, etc.)	1600 sq ft	
What is the Floor Area Ratio (FAR) (see handout on how to measure for residential projects)		
What is your lot coverage?		
What is the amount of impervious surface on the lot?		
What is the maximum height of the building? (see handout on how to measure for residential projects)	12 ft	
How many dwelling units are on your property?	1	
How many off-street parking spaces do you have? (front yard parking is not counted unless previously approved by the City)	1	
What are the dimensions of parking spaces? (give interior dimensions of enclosed parking spaces)	___ ft. X ___ ft.	___ ft. X ___ ft.
What is the narrowest width of your driveway?	12'	
Minimum setbacks from structure to property line Front yard: Side yards: Rear Yard:	3" 3" 3''	


**TERMS AND CONDITIONS OF APPLICATION**


I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made part of this application in accordance with the provisions of the City's ordinances, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City grants the approval with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City harmless from any costs, claims, penalties, fines, judgments, or liabilities arising from the approval, including without limitation, any award or attorney's fees that might result from the third party challenge.

For this purposes of this indemnity, the term "City" shall include the City of Albany, its officers, officials, employees, agents and representatives. For purposes of this indemnity, the term "challenge" means any legal or administrative action to dispute, contest, attack, set aside, limit, or modify the approval, project conditions, or any act upon which the approval is based, including any action alleging a failure to comply with the California Environmental Quality Act or other laws.

The signature of the property owner is required for all projects. By executing this form you are affirming that you are the property owner.

      4-8-12  
Signature of Property Owner      Date

      4-8-12  
Signature of Applicant (if different)      Date

PLANNING PERMIT  
RECEIPT # R75119

ARNO WERNER  
OWNER

951 OGDENWAY ST

<u>SFT BACKS</u>	<u>EXISTING</u>	<u>PROPOSED</u>
WEST	96' 6"	94' 6"
NORTH	2'	6"
SOUTH	23' 9"	16' 6"
EAST	3'	6"
<u>AREA</u>		
LOT SIZE	4512 SQFT	4512 SQFT
LOT COVERAGE	1600 SQFT	1795 SQFT
MAX HEIGHT	11 FT	12 FT
LOT SIZE	4512 SQFT	4512 SQFT
<u>FLOOR AREA</u>		
GARAGE	239 SQFT	434 SQFT
MAIN LEVEL	1361 SQFT	1361 SQFT
TOTAL	1600 SQFT	1795 SQFT
TOTAL COUNTED	1380 SQFT	1575 SQFT
FLOOR AREA RATIO	31 %	35 %

CITY OF ALBANY  
APR 10 2012  
COMMUNITY DEVELOPMENT  
DEPARTMENT